



CITY OF PORTLAND, OREGON



Bureau of Police

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EXECUTIVE ORDER

DATE: July 8, 2014

TO: All Bureau Members

RE: 850.20, Mental Health Crisis Response

ACTION: Revision of 850.20, effective July 8, 2014

850.20, Mental Health Crisis Response

Refer:

- ORS § 161.375(4), Authority of Psychiatric Security Review Board to issue warrant of arrest
- ORS § 426.223, Authority of facility director or designee to require assistance of a peace officer to retake custody of committed person who has left a facility without lawful authority
- ORS § 426.005, Definitions for ORS § 426.005 to 426.390
- ORS § 426.228, Authority of peace officer to take a person into custody for mental health treatment
- ORS § 426.233, Authority of community mental health program director or designee to place mental health hold and order transport to treatment
- ORS § 430.735-765, Duty of government officials (incl. Peace Officers) to report abuse of persons with mental illness or developmental disabilities
- DIR 630.45, Emergency Medical Custody Transports
- DIR 640.35, Abuse of Elderly/Persons with Disabilities
- DIR 850.25, Police Response to Mental Health Facilities
- DIR 850.39, Missing, Runaway, Lost or Disoriented Persons
- DIR 850.10 Custody, Civil Holds
- DIR 850.30 Juveniles, Custody
- Portland Police Bureau, Behavioral Health Unit's Community Mental Health Resources
- Report of Peace Officer Custody of a Person with Alleged Mentally Illness
- Report of Peace Officer Custody of a Person with Alleged Mentally Illness as Directed by a Community Mental Health Director

Definitions:

- **Crisis:** An individual's emotional, physical, mental, or behavioral response to an event or experience that results in trauma. A person may experience crisis during times of stress in response to real or perceived threats and/or loss of control and when normal coping mechanisms are ineffective. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "fight or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

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- De-escalate: A deliberate attempt to reduce the necessity or intensity of force to resolve a confrontation.
- Delaying Custody: A tactic that can be used if the member determines immediately taking the person into custody may result in an undue safety risk.
- Disengagement: The intentional decision, based on the totality of the circumstances, to discontinue contact after initial attempts with a person in crisis.
- Elope: To abscond, depart, leave, or walk away.
- Mental Illness: An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if he or she displays an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of his or her welfare with regard to basic provisions for clothing, food, shelter, or safety.
- Non-engagement: The intentional decision, based on the totality of the circumstances, not to make contact with a person in crisis.

Policy:

1. It is the primary responsibility of mental health providers to diagnose and treat persons affected by mental illness or in emotional crisis. Due to limited services and the nature of mental illness, members are increasingly required to respond to and intervene on behalf of persons affected by mental illness. As a result, the Bureau is committed to partnering with the justice system, mental health agencies, and community service providers to develop more compassionate and cost-effective approaches that emphasize providing community-based treatment instead of arrest and incarceration of persons affected by mental illness.
2. The goal shall be to de-escalate situations safely for all individuals involved when reasonable, practical, and consistent with established safety priorities and to attempt to resolve such incidents in as constructive and humane a manner as possible. Members are expected to recognize behavior that is characteristic of mental illness or crisis and particularly that which is potentially destructive and/or dangerous, so as to respond in ways that promote safety.
3. Responding to situations involving individuals who members reasonably believe to be affected by mental illness or in crisis carries the potential for violence; requires a member to make difficult judgments about the mental state and intent of the individual; and necessitates the use of special police skills, techniques, and abilities to effectively and appropriately resolve the situation, while avoiding unnecessary violence and potential civil liability.

Procedure:

1. Training:
 - 1.1. Crisis Intervention Training (CIT): All sworn members will attend CIT training during the Oregon Department of Public Safety Standards and Training (DPSST) Basic Academy and the Portland Police Bureau's Advanced Academy. CIT refresher training will be conducted during in-service training. Bureau members are expected to use their CIT training when responding to incidents involving persons in crisis due to a known or perceived mental illness or developmental disability.
 - 1.2. Enhanced Crisis Intervention Team (ECIT): ECIT consists of sworn members who have volunteered and completed the qualifying ECIT training. ECIT members assigned to patrol will be used for incidents involving persons in behavioral crisis due to a known or suspected mental illness.
2. Recognizing Abnormal Behavior:
 - 2.1. Only trained mental health professionals can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Members are not expected to diagnose mental or emotional conditions, but are expected to recognize behaviors that are indicative of persons affected by mental illness or in crisis, with a special emphasis on those that suggest potential violence and/or danger.
3. Assessing Risk:
 - 3.1. Members will assess risk to themselves, the involved person, and others in determining a course of action. Many persons affected by mental illness or in crisis are not dangerous and some may only present dangerous behavior under certain circumstances or conditions.
4. Response to Persons Affected by Mental Illness or in Crisis:
 - 4.1. When responding to persons exhibiting abnormal behavior or symptoms of mental illness or mental health crisis, members should consider the following actions to manage the situation for the safety of all at the scene:
 - 4.1.1. Evaluate the nature of the situation and necessity for police intervention or other referral.
 - 4.1.2. If police intervention is necessary, evaluate if contact should be made by phone or in person.
 - 4.1.3. If police intervention is necessary, evaluate the need to utilize additional cover officers and the ability to notify and/or utilize a supervisor.
 - 4.1.4. Evaluate the need for assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., Enhanced Crisis Intervention Training (ECIT) officers, community crisis mental health personnel, Crisis Negotiator). The Bureau of Emergency Communications (BOEC) will dispatch ECIT members, when available, to mental health crisis calls. A mental health crisis call is a call with a mental health component AND one or more of the following circumstances:
 - 4.1.4.1. The subject is violent,
 - 4.1.4.2. The subject has a weapon,

- 4.1.4.3. The subject is threatening to jump from a bridge or structure or into vehicular traffic,
 - 4.1.4.4. The call is at a residential mental health facility,
 - 4.1.4.5. Upon request of the responding officer, or
 - 4.1.4.6. Upon request of a citizen.
 - 4.1.5. If custody is necessary, develop and communicate a tactical plan taking advantage of the most effective options that may safely resolve the incident.
5. Disposition:
- 5.1. In determining the appropriate resolution for a person in crisis, members will consider the totality of the circumstances, including the behavior of the person with a suspected mental illness or developmental disability and the governmental interests at stake. Following is a list of dispositions that may be appropriate at the scene, among others:
 - 5.1.1. Take the person into custody and to jail for a criminal offense that supports custodial arrest and presentation to a magistrate for charging.
 - 5.1.2. Refer to a mental health agency, crisis hotline, or other related service agency. Resource information can be located through the Portland Police Bureau, Behavioral Health Unit's Community Mental Health Resources.
 - 5.1.3. Consult with a mental health or medical professional. Members can request, through the Bureau of Emergency Communications (BOEC), a Project Respond Clinician to call the member or respond to the scene, if available. Members may contact the person's health professionals, the Multnomah County crisis line, or other appropriate resource agencies.
 - 5.1.4. Transport the person to a mental health or medical facility for voluntary care. Assisted persons should not be dangerous and should be able to manage their behavior. Members should escort persons into the waiting area and introduce the person to facility staff. Members are not required to standby. Members will complete a report to document the incident and transport.
 - 5.1.5. Take the person into custody on a peace officer hold, an exercise of civil authority, when there is probable cause to believe the person is a danger to self or to any other person, or is unable to provide for basic personal needs and is not receiving the care necessary for health and safety, and is in need of immediate care, custody, or treatment for mental illness. Members will transport him or her to the appropriate secure evaluation unit or to the nearest designated hospital for mental health evaluation.
 - 5.1.5.1. The Oregon appellate courts have held that the 'basic needs' commitment standard focuses on the capacity of the individual to survive, either through own resources or with help of family or friends; to obtain some commodity (food or water) or service (medical care) without which the individual cannot sustain life. The essential question is whether the individual is able to access the resources necessary for continued survival. Danger must be imminent, not speculative. There must be a likelihood that a person probably would not survive in the near future because the person is unable to provide for basic personal needs and is not receiving care necessary for health and safety.
 - 5.1.6. Non-engagement or disengagement are tactics that can be used if the member determines that contact or continued contact with the person will result in an undue safety

risk to the person, the public, and/or members. Members will notify a supervisor and then determine whether to develop a plan to make contact at a different time or under different circumstances. A police report will be written documenting the following: details of the call; reasons for non-engagement or disengagement; actions taken to de-escalate the situation; actions taken to promote safety; follow up plans and referrals made, and whether the address is flagged in vCAD. The words “disengagement” will appear in the incident summary line of the report. The call should be cleared with the study code “ME”.

5.1.7. Delaying custody is a tactic that can be used if the member determines that taking the person into custody under present circumstances may result in an undue safety risk to the person, the public, and/or members. Members will notify a supervisor and then develop a plan to determine a safer time and method to take the person into custody (civil). A police report will be written documenting the following: details of the call; reasons for non-engagement or disengagement; actions taken to de-escalate the situation; actions taken to promote safety; follow up plans and referrals made, and whether the address is flagged in vCAD. The words “delay custody” will appear in the incident summary line of the report. The call should be cleared with the study code “ME”.

6. Supervisor Responsibilities:

6.1. Supervisors will ensure members receive the training necessary to recognize, assess, and respond to incidents involving persons with known or perceived mental illness or crisis.

6.2. Supervisors will ensure the appropriate dispatch and use of ECIT officers.

6.3. Supervisors will respond to all calls where a member is dispatched to a mental health facility, in accordance with Directive, 850.25, Police Response to Mental Health Facilities.

6.4. Supervisors will ensure their members follow the investigations and reporting requirements for mental health crisis response.

6.5. Supervisors may use ECIT members, when available, to make initial contact with subject(s) involved in incidents requiring the Crisis Negotiation Team (CNT). ECIT will not be used in place of CNT, but ECIT officers can facilitate an efficient transition when CNT arrives on scene. CNT may use ECIT as a resource when needed.

7. Particular Requests for Police Response:

7.1. Assisting a Program Director or designee who wishes to place a Director’s Hold: When assisting a community health and developmental disabilities program director or designee in taking a person with an alleged mental illness into custody (Directors Hold), members will:

7.1.1. Verify the authority of the person signing the Director’s Custody Report and ordering the custody (civil). Approved Qualified Mental Health Professionals (QMHP) have identification cards issued by Multnomah County.

7.1.2. Take the person named on the Director’s Custody Report into custody (civil).

7.1.3. Obtain the Director’s Custody Report from the director or designee and transport the person to the medical facility as designated by the director. If ambulance transport is

deemed necessary due to a medically fragile condition, members will follow ambulance to the receiving facility. Mental illness alone does not require an ambulance transport.

- 7.1.4. Remain at the facility until custody is transferred to facility security or staff members. Members should report their observations to a facility social worker or physician and check with the facility before leaving the premises.
- 7.1.5. Complete a report documenting the custody (civil) and transport.
- 7.1.6. Leave the original Director's Custody Report and a copy of a report with the receiving hospital or secure evaluation unit.
- 7.1.7. Turn in the original report, along with a copy of the Director's Custody Report, to a supervisor before the end of shift.

7.2. Executing a Psychiatric Security Review Board (PSRB) Order of Revocation: Under ORS 161.375(4), the Psychiatric Security Review Board (PSRB) has the authority to take PSRB supervised persons into custody on Revocation Orders, which are comparable to arrest warrants and subject to the same rules. When a member is notified of a PSRB Revocation Order, typically through a PSRB Law Enforcement Data Systems (LEDS) message reading: "No Criminal Warrant, PSRB order for mandatory return to Oregon State Hospital," members shall:

- 7.2.1. Take the person named in the Revocation Order into custody and notify a supervisor.
- 7.2.2. Ensure the Oregon State Hospital Communications Center is notified; the phone number can be found in the PSRB LEDS message.
- 7.2.3. Transport, with one other member, the person to the Oregon State Hospital Communication Center and notify a supervisor of the transport. If additional verification of Revocation Order is needed, the PSRB Executive Director may be contacted. The phone number can be found in the PSRB LEDS message.
- 7.2.4. Document the incident on a Police Custody Report and submit to a supervisor before the end of shift.

7.3. Patients Eloped from Mental Health Facilities: Members may be requested to take patients that elope from facilities into custody. This will be done only when the situation meets one of the following criteria:

- 7.3.1. The patient eloped from a state hospital after being committed under ORS § 181.530, due to a conviction of a crime or committed as sexually dangerous. Notice can be in writing or by teletype. Be mindful that PSRB arrest orders expire seventy-two (72) hours after being signed.
- 7.3.2. The civilly committed person unlawfully eloped from a residential facility and the facility produced the order of commitment and requested the assistance of a peace officer pursuant to ORS § 426.223.
- 7.3.3. An eloped patient is deemed to be a danger to him or herself or others.
- 7.3.4. If the eloped patient meets one or more of the above criteria, members should:
 - 7.3.4.1. Take the eloped patient into custody (civil) and transport him/her back to the facility they eloped from, if stable enough to return, or transport to the nearest designated hospital.

- 7.3.4.2. Complete a report documenting the incident and transport, including the name of the person and notification to the affected facility. Submit the report to a supervisor before the end of shift.
 - 7.3.4.3. Criteria for court ordered civil commitments are dictated by individual state laws. If a patient has eloped from a mental health facility in another state, members should assess the person and take action in accordance with the disposition section above. Members should contact the reporting facility and notify them of the disposition.
- 7.4. Warrants of Detention/Trial Visitation: During pre-trial civil commitment processes, a person with an alleged mental illness may be released into the community and be monitored by a civil commitment investigator. A civil warrant of detention may also be issued by a judge to take a person with mental illness into custody. Because the statutory authority to serve a warrant of detention rests with the Multnomah County Sheriff's Office, members should not become involved in these activities unless called to an incident to assist a civil commitment investigator or civil deputy in fulfilling his or her mission.
- 7.5. Assisting Hospitals with Patients with Mental Illness and Walk-Aways: Members will not become involved in incidents within a secure evaluation unit or an emergency care hospital, unless the facility cannot give appropriate care or a person becomes violent, resistive, or refuses to go with facility-arranged transportation to an appropriate facility. Secure evaluation units and hospitals are responsible for transports to the other care facilities. Members will not take into custody voluntarily admitted patients who have walked away from a hospital or facility, unless their actions at the time indicate they are a danger to themselves or others and are in need of immediate care, custody, and treatment for mental illness.
- 7.6. Custody of Juveniles for Mental Health Evaluation: Juveniles may be taken into custody for a mental health evaluation under the same circumstances as an adult.
- 7.7. Procedures: Report of Peace Officer Custody of a Person with Alleged Mental Illness (Facility Civil Custody Report): When taking a person with an alleged mental illness into custody (Police Officer Hold) for a mental health evaluation, members will:
- 7.7.1. Transport the individual to the appropriate secure evaluation facility or nearest designated hospital emergency department that conducts mental health evaluations.
 - 7.7.2. Members will remain at the facility until a physician determines whether the person will be detained. If not detained, the member may arrest the person for an offense or transport the person back to the original custody location. In the case where no arrest is made and the person chooses not to return to the location of custody, the person will be released outside the facility.
 - 7.7.3. Complete a report and the facility's Civil Custody Report before leaving the facility.
 - 7.7.4. Make a copy of the completed facility's Civil Custody Report. Leave the original Civil Custody Report with the receiving hospital or secure evaluation receiving unit. Turn in the original report, along with a copy of the Civil Custody Report, to a supervisor before the end of shift.

8. Special Unit Responsibilities:

8.1. Records Division Responsibilities: Records will flag persons taken into civil custody with "Mental Illness" and forward copies of all mental health related reports to the Behavioral Health Unit (BHU). Persons flagged with "Mental Illness" will automatically be purged ten (10) years after the last known reported law enforcement contact.

8.2. Behavioral Health Unit (BHU) Responsibilities: BHU will review all mental health crisis response reports forwarded by Records and assign a Bureau liaison with the mental health community to follow up on any response concerns.

8.3. Bureau of Emergency Communications (BOEC) Responsibilities: BOEC will generally dispatch the closest available ECIT member to mental health crisis calls. ECIT members will not be dispatched as the primary member unless the call is in their assigned district. However, ECIT members may offer to become the primary member if they have familiarity with the person in behavioral crisis or they can assist in coordinating a broader system response. ECIT members will notify his/her supervisor when leaving their assigned precinct. BOEC will dispatch cover units as appropriate.

History:

- Originating Directive Effective: 09/06/01
- First Revision Effective: 09/26/02
- Second Revision Effective: 01/01/07
- Third Revision Effective: 07/08/14
- Next Review Date: 01/08/15
- Review By: Behavioral Health Unit

Inquiries about directives should be routed to Stephanie Prybyl, Strategic Services Division, 503-823-9307, Stephanie.prybyl@portlandoregon.gov.

Sincerely,



MICHAEL REESE
Chief of Police